

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047705

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1890

FILED JAN 13 1964

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springfield

Length of stay in 1b

Lifetime

c. FULL NAME OF (If NOT in hospital, give location)

St. John's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY

OR TOWN

Springfield

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

814 S. Kickapoo

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

GRACE

First

Middle

Last

PALMER

4. DATE OF DEATH

December 30, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan 30, 1887 76

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Librarian

10b. KIND OF BUSINESS OR INDUSTRY

State College

11. BIRTHPLACE (City and state or country)

Springfield, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Andrew Palmer

13b. MOTHER'S MAIDEN NAME

Ewers

14. NAME OF HUSBAND OR WIFE

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15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

Address

Mrs. Joseph Siceluff, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Right middle cerebral artery
thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10 July 1961 to 30 Dec 1963 and last saw him alive on 29 Dec 1963
Death occurred at 6:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

Francis M. Maple M.D.

22b. ADDRESS

Springfield, Mo.

22c. DATE SIGNED

2 Jan 64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan 2, 1964

23c. NAME OF CEMETERY OR CREMATORY

Maple Park

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Jewell E. Windle, Springfield, Mo.

25. DATE RECD. BY LOCAL REG.

1-8-64

26. REGISTRAR'S SIGNATURE

Bernie Melly

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10397

20397

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13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4193

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.